**BiWeekly Employee Time Sheet** Form #1 - 2016 **Employee Name:** Department: To: Period From: Rate of Pay: Out REG PT0 OT N/D Comp On-call In Out HOL Court **Notes** In Time Stipend \$ Sun. Mon. Tues. Wed. Thurs. Fri. Sat. **Column TOTAL:** = Grand Total REG PTO HOL OTN/D Court Comp Notes On-call In Out In Out Date Stipend \$ Time Sun. Mon. Tues. Wed. Thurs. Fri.

Employee Signature:	Supervisor Signature:
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= Grand Total

Sat.

**Column TOTAL:** 

This form represents the accounting and the total number of hours submitted by the signed employee for payment by the Town of Newton. As such, the employee states, to the best of his/her knowledge, that the accounting is accurate and that the figures represent a true accounting of the hours that are entitled to compensation by the Town of Newton's Personnel Policies. Any attempt to misrepresent the department and the Town of Newton is a violation of the department's rules and regulations which will lead to disciplinary action including suspension or employment termination.